



**City of Reno**  
**Parks, Recreation, and Community Services**  
Administration Office, City Hall  
1 East 1<sup>st</sup> Street, 11<sup>th</sup> floor, Reno, NV 89501  
(775)334-2260 (phone)      (775)334-2449 (fax)      [www.reno.gov](http://www.reno.gov)

## **CITY OF RENO SCHOLARSHIP PROGRAM GUIDELINES**

- All scholarships remain in effect for one calendar year from January 1 – December 31
- City of Reno Scholarships is awarded at 20%, 40% and 60% of the program cost. The level of the scholarship is determined by the household income according to the sliding scale as indicated by the State of Nevada Subsidy Programs Household Size and Monthly Income Chart.
- A maximum of \$500 is granted per individual per year.
- **To complete the approval process you need to submit verification of gross income for the 30 day period prior to the date the application is signed. A complete application can take up to 10 days to process once received at the Administration Office.**
- 30 days of income verification required. Wages may be verified with pay stubs. If you have just started work or have not been employed for 30 days, a letter from your employer with the date you started employment, the average hours worked per week and the rate of pay per hour will be required. The information on the letter must also include your employer's phone number and address. Other income such as social security, pensions and retirement accounts must be submitted and verified with appropriate documentation. All sources of income are required on the application.
- Scholarships may be revoked at any time due to lack of funding, income changes or applicant fraud.
- Food stamps and/or housing assistance do not need to be verified.
- Proof of City of Reno residency is required (i.e., current driver's license, real estate tax bill, and voter registration card, or monthly bill proving current address is acceptable). An exception is for youth before and after school programs and full day camps.
- **FOR YOUTH PROGRAMS.** Families with a non-custodial parent (parent not living in the same household as their child) must provide proof of their Child Support status. Child support may be verified with a copy of your court order, a bank statement or other financial statement showing the monthly amount. If child support is paid under a private agreement, a letter from the parent paying the support can be used. This letter must have the amount paid for the thirty day verification period and must contain an address and phone number for the parent paying the support. If you do not receive child support, then a claim number through the Division of Welfare and Supportive Services, Child Support Enforcement Program (CSEP) is required. CSEP is located at 1 S. Sierra Street, Reno, NV on the 4th floor. Phone # 789-7100
- Unemployed – 30 day scholarship – once a year exception. Must have proof of income.



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**Scholarship Application**

Please print! This is a two sided form; both sides must be filled out completely. Please do not leave any section blank. If section does not apply, please enter "n/a". To be considered for scholarship assistance, you **MUST** attach proof of ALL income, school/training program enrollment and other income/public assistance for the past 30 days. Proof of Reno residency is required (i.e. current drivers license, real estate tax bill, voter registration card, or monthly utility bill with current address is acceptable). An exception is for youth before and after school program and full day camps.

Approved scholarships are effective for the calendar year, January 1 – December 31.

SCHOLARSHIP REQUESTS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION.  
Please allow 10 business days for processing.

Applicant Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home address (physical address only) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all ADULTS living at this address (including applicant) and attach proof of income: This includes employment, self-employment and odd jobs. If adult has not been employed within the last 30 days enter "none".

Applicant Name	Relationship	Gender	Date of Birth
Employer Name and Phone			
Name	Relationship	Gender	Date of Birth
Employer Name and Phone			
Name	Relationship	Gender	Date of Birth
Employer Name and Phone			

**OTHER HOUSEHOLD INCOME:** All income received in the last 30 days must be listed and verified by documentation.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> 01 – Alimony/Child Support  | <input type="checkbox"/> 08 - Interest            | <input type="checkbox"/> 15 - Royalties                    | <input type="checkbox"/> 21 – Temporary Disability  |
| <input type="checkbox"/> 02 – Contributions/ Gifts   | <input type="checkbox"/> 09 – Loans               | <input type="checkbox"/> 16 – Social Security Disability   | <input type="checkbox"/> 22 - Tips                  |
| <input type="checkbox"/> 03 - Dividends              | <input type="checkbox"/> 10 – Lump Sum Payments   | <input type="checkbox"/> 17 – Social Security Retirement   | <input type="checkbox"/> 23 -Unemployment           |
| <input type="checkbox"/> 04 – Educational Assistance | <input type="checkbox"/> 11 – Military Allotments | <input type="checkbox"/> 18 – Social Security Survivors    | <input type="checkbox"/> 24 –Veterans’ Benefits     |
| <input type="checkbox"/> 05 – Food Stamps            | <input type="checkbox"/> 12 – Pell Grants         | <input type="checkbox"/> 19 – Supplemental Security Income | <input type="checkbox"/> 25 - Winnings              |
| <input type="checkbox"/> 06 – Foster Care Payments   | <input type="checkbox"/> 13 – Pensions /Trust     | <input type="checkbox"/> 20 – TANF                         | <input type="checkbox"/> 26 – Worker’s Compensation |
| <input type="checkbox"/> 07 – Insurance Settlements  | <input type="checkbox"/> 14 – Railroad Retirement |  |   |
- ☐ Other: \_\_\_\_\_

Income Type #	Amount	How Often is the Income Received	Who Receives the Income
<i>Example: 05</i>	<i>\$250.00</i>	<i>Monthly</i>	<i>Family</i>

Full Time Students need to submit by Semester/Quarter/Class Period:

Copy of Class Schedule

Copy of Sources of Income: Letter from private party, Gifts/Support, Grants, Student Loans

#### Child(ren) Information

Child Name	Both parents residing in the home?		Receiving Child Support?*		How Often	Amount	Date of Birth	Male or Female		Relationship to Applicant
	Yes	No	Yes	No				M	F	
	Yes	No	Yes	No						
	Yes	No	Yes	No						
	Yes	No	Yes	No						

\*Child Support: (must be completed for youth programs)

If you **DO** receive child support, a proof of child support document must be attached to application, such as a copy of a court order or a statement from the parent paying the support which is under a private agreement.

If you **DO NOT** receive any child support, you need to have an open child support case in the State of Nevada. A proof of open child support case must be attached to the application.

**AUTHORIZATION / RESPONSIBILITY:** Consent is granted by this form to disclose or release information that is protected by the Privacy Act to appropriate Federal, State and Local agencies. This authorization includes, and is not limited to, the above statistical, income, employment, and educational information. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_